

**ATHLETIC EMERGENCY MEDICAL CARD**

Charles County Public Schools  
Office of School Administration

School Year 20 \_\_\_\_ - 20 \_\_\_\_

Student ID # \_\_\_\_\_

**PLEASE PRINT OR TYPE**

Sport \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Last) (First)  
(Middle)

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

**Parents'/Guardians'**

Primary Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical**

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Is English the primary language spoken in your home? Yes \_\_\_\_ No \_\_\_\_

If not, please specify the primary language: \_\_\_\_\_

**Emergency Contact**

**List two neighbors or nearby relatives who have your permission to assume temporary care of your child if you cannot be reached.**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school administration to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside of the country, to the nearest facility where medical treatment is available.

List any allergies that your student has: \_\_\_\_\_

List any medical conditions of which your school should be aware: \_\_\_\_\_

List medications that your student takes on a regular basis: \_\_\_\_\_

Any other Comments or Remarks: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*